

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
OCT 20 AM 10:02  
FEC MAIL CENTER  
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼**

Example: If typing, type over the lines.

12FE4M5

Wisconsin Medical Society Political Action Committee

ADDRESS (number and street)

330 E. Lakeside Street

Check if different than previously reported. (ACC)

Madison

WI

53715

2. **FEC IDENTIFICATION NUMBER ▼**

CITY ▲

STATE ▲

ZIP CODE ▲

C C00548438

3. IS THIS REPORT

N

NEW (N)

OR

AMENDED (A)

4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

XX

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

MM / DD / YYYY  
07 / 01 / 2014

through

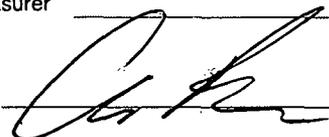
MM / DD / YYYY  
09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Chris Rasch

Signature of Treasurer



Date

MM / DD / YYYY  
10 / 10 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

**FEC FORM 3X**  
Rev. 12/2004

174001-1-11-42697

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Wisconsin Medical Society Political Action Committee

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="\$0.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="\$2,150.00"/>	<input type="text" value="\$8,525.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<input type="text" value="\$2,150.00"/>	<input type="text" value="\$8,525.00"/>
7. Total Disbursements (from Line 31) .....	<input type="text" value="\$2,150.00"/>	<input type="text" value="\$8,525.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="\$0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="\$0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name  
Wisconsin Medical Society Political Action Committee

Report Covering the Period: From:

07 / 01 / 2014

To:

09 / 30 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	\$2,150.00	\$8,525.00
(ii) Unitemized.....	\$0.00	\$0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	\$2,150.00	\$8,525.00
(b) Political Party Committees.....	\$0.00	\$0.00
(c) Other Political Committees (such as PACs).....	\$0.00	\$0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	\$2,150.00	\$8,525.00
12. Transfers From Affiliated/Other Party Committees.....	\$0.00	\$0.00
13. All Loans Received.....	\$0.00	\$0.00
14. Loan Repayments Received.....	\$0.00	\$0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	\$0.00	\$0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	\$0.00	\$0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	\$0.00	\$0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	\$0.00	\$0.00
(b) Levin Funds (from Schedule H5).....	\$0.00	\$0.00
(c) Total Transfers (add 18(a) and 18(b))..	\$0.00	\$0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	\$2,150.00	\$8,525.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	\$2,150.00	\$8,525.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. Disbursements</b>		<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
21. Operating Expenditures:			
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share .....		\$0.00	\$0.00
(ii) Non-Federal Share .....		\$0.00	\$0.00
(b) Other Federal Operating Expenditures .....		\$0.00	\$0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		\$0.00	\$0.00
22. Transfers to Affiliated/Other Party Committees .....		\$0.00	\$0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		\$2,150.00	\$8,525.00
24. Independent Expenditures (use Schedule E) .....		\$0.00	\$0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....		\$0.00	\$0.00
26. Loan Repayments Made .....		\$0.00	\$0.00
27. Loans Made .....		\$0.00	\$0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		\$0.00	\$0.00
(b) Political Party Committees .....		\$0.00	\$0.00
(c) Other Political Committees (such as PACs) .....		\$0.00	\$0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		\$0.00	\$0.00
29. Other Disbursements .....		\$0.00	\$0.00
30. Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		\$0.00	\$0.00
(ii) "Levin" Share .....		\$0.00	\$0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		\$0.00	\$0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		\$0.00	\$0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..		\$2,150.00	\$8,525.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....		\$2,150.00	\$8,525.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	\$2,150.00	\$8,525.00
34. Total Contribution Refunds (from Line 28(d)) .....	\$0.00	\$0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	\$2,150.00	\$8,525.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	\$0.00	\$0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	\$0.00	\$0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	\$0.00	\$0.00

1-0000-1111-1111

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1 OF 7  
(check only one)  
 11a  11b  11c  12  13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wisconsin Medical Society Political Action Committee**

**A. Mr. William (Rick) Abrams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 2512 University Ave  
 City: Madison State: WI Zip Code: 53705-3813  
 Date of Receipt: 07 / 07 / 2014  
 Amount of Each Receipt this Period: \$100.00  
 Earmarked for Pocan for Congress  
 Name of Employer: Wisconsin Medical Society Occupation: CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: \$600.00

**B. Doctor Sridhar V. Vasudevan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 5200 Upper Lakeview Ridge Rd  
 City: Belgium State: WI Zip Code: 53004-9001  
 Date of Receipt: 07 / 10 / 2014  
 Amount of Each Receipt this Period: \$100.00  
 Earmarked for Leibham for Congress  
 Name of Employer: Froedtert & The Medical College of Wis Occupation: Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: \$300.00

**C. Dr. Michael C. Reineck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 5730 Paradise Ridge  
 City: West Bend State: WI Zip Code: 53095-8779  
 Date of Receipt: 07 / 14 / 2014  
 Amount of Each Receipt this Period: \$100.00  
 Earmarked for Glenn Grothman for Congress  
 Name of Employer: Michael C Reineck MD SC Occupation: Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: \$100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ \$300.00  
**TOTAL** This Period (last page this line number only) ..... ▶

FORM 3X-1001

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 7  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Wisconsin Medical Society Political Action Committee**

**A. Doctor Sridhar V. Vasudevan**

Full Name (Last, First, Middle Initial)  
 Mailing Address  
 5200 Upper Lakeview Ridge Rd  
 City Belgium State WI Zip Code 53004-9001

FEC ID number of contributing federal political committee. **C**

Name of Employer Froedtert & The Medical College of Wis Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date **\$400.00**

Date of Receipt **07 / 28 / 2014**

Amount of Each Receipt this Period **\$100.00**

Earmarked for Leibham for Congress

**B. Doctor Jay A. Gold**

Full Name (Last, First, Middle Initial)  
 Mailing Address  
 3100 Lake Mendota Dr. #705  
 City Madison State WI Zip Code 53705-1462

FEC ID number of contributing federal political committee. **C**

Name of Employer MetaStar Inc Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date **\$100.00**

Date of Receipt **08 / 06 / 2014**

Amount of Each Receipt this Period **\$100.00**

Earmarked for Tammy Baldwin for Senate

**C. Dr. Kevin Andrew Jessen**

Full Name (Last, First, Middle Initial)  
 Mailing Address  
 N5115 Oak Hill Rd  
 City Fond Du Lac State WI Zip Code 54937-7922

FEC ID number of contributing federal political committee. **C**

Name of Employer AMG Aurora Health Center - Fond Du Lac Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date **\$200.00**

Date of Receipt **08 / 06 / 2014**

Amount of Each Receipt this Period **\$200.00**

Earmarked for Harris for Wisconsin

**SUBTOTAL** of Receipts This Page (optional) **\$400.00**

**TOTAL** This Period (last page this line number only)

13051-1111-110001

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)	PAGE 3 OF 7
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Dr. Sandra L. Osborn</b>		Date of Receipt <b>08 / 06 / 2014</b>
Mailing Address <b>2085 County Road J</b>		Amount of Each Receipt this Period <b>\$50.00</b>
City <b>Verona</b>	State <b>WI</b>	FEC ID number of contributing federal political committee. <b>C</b>
Zip Code <b>53593-8829</b>		
Name of Employer <b>UW School of Medicine and Public Health</b>	Occupation <b>Physician</b>	Earmarked for Tammy Baldwin for Senate
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$50.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Dr. Patrick L. Remington</b>		Date of Receipt <b>08 / 06 / 2014</b>
Mailing Address <b>1214 Dartmouth Rd</b>		Amount of Each Receipt this Period <b>\$50.00</b>
City <b>Madison</b>	State <b>WI</b>	FEC ID number of contributing federal political committee. <b>C</b>
Zip Code <b>53705-2214</b>		
Name of Employer <b>Health Sciences Learning Center</b>	Occupation <b>Physician</b>	Earmarked for Tammy Baldwin for Senate
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$50.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Doctor Allan Bertram Levin</b>		Date of Receipt <b>08 / 20 / 2014</b>
Mailing Address <b>4585 Fox Bluff Lane</b>		Amount of Each Receipt this Period <b>\$50.00</b>
City <b>Middleton</b>	State <b>WI</b>	FEC ID number of contributing federal political committee. <b>C</b>
Zip Code <b>53562-2327</b>		
Name of Employer <b>Self Employed</b>	Occupation <b>Physician</b>	Earmarked for Pocan for Congress
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$100.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>\$150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 4 OF 7
	<input checked="" type="checkbox"/> 11a 13 <input type="checkbox"/> 11b 14 <input type="checkbox"/> 11c 15 <input type="checkbox"/> 12 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Doctor Kenneth William Merkitch</b>		Date of Receipt <b>08 / 21 / 2014</b>
Mailing Address <b>W5732 Heatherwood Place</b>		Amount of Each Receipt this Period <b>\$100.00</b>
City <b>La Crosse</b>	State <b>WI</b>	
Zip Code <b>54601-2476</b>		Earmarked for Kind for Congress
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Gundersen Health System</b>	Occupation <b>Physician</b>	Aggregate Year-to-Date <b>\$200.00</b>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Doctor Roger Waynsan Kwong</b>		Date of Receipt <b>08 / 26 / 2014</b>
Mailing Address <b>1015 Cliffwood Ln</b>		Amount of Each Receipt this Period <b>\$50.00</b>
City <b>La Crosse</b>	State <b>WI</b>	
Zip Code <b>54601-6021</b>		Earmarked for Kind for Congress
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Gundersen Health System</b>	Occupation <b>Physician</b>	Aggregate Year-to-Date <b>\$50.00</b>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Clarence Paul Chou</b>		Date of Receipt <b>09 / 10 / 2014</b>
Mailing Address <b>10028 N Miller Dr 2W</b>		Amount of Each Receipt this Period <b>\$50.00</b>
City <b>Mequon</b>	State <b>WI</b>	
Zip Code <b>53092-6186</b>		Earmarked for Glenn Grothman for Congress
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Clarence P Chou MD</b>	Occupation <b>Physician</b>	Aggregate Year-to-Date <b>\$50.00</b>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>\$200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 7  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Wisconsin Medical Society Political Action Committee**

**A. Dr. Timothy Lisle Bartholow**

Full Name (Last, First, Middle Initial)  
Mailing Address  
714 Dunning St  
City Madison State WI Zip Code 53704-5614

FEC ID number of contributing federal political committee. **C**

Name of Employer WEA Trust Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **\$550.00**

Date of Receipt **09 / 10 / 2014**

Amount of Each Receipt this Period **\$200.00**

Earmarked for Ribble for Congress

**B. Dr. Timothy Lisle Bartholow**

Full Name (Last, First, Middle Initial)  
Mailing Address  
714 Dunning St  
City Madison State WI Zip Code 53704-5614

FEC ID number of contributing federal political committee. **C**

Name of Employer WEA Trust Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **\$650.00**

Date of Receipt **09 / 11 / 2014**

Amount of Each Receipt this Period **\$100.00**

Earmarked for Harris for Wisconsin

**C. Dr. Timothy Lisle Bartholow**

Full Name (Last, First, Middle Initial)  
Mailing Address  
714 Dunning St  
City Madison State WI Zip Code 53704-5614

FEC ID number of contributing federal political committee. **C**

Name of Employer WEA Trust Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **\$850.00**

Date of Receipt **09 / 11 / 2014**

Amount of Each Receipt this Period **\$200.00**

Earmarked for Rob Zerban for Congress

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **\$500.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 7  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Wisconsin Medical Society Political Action Committee**

**A. Doctor George L. Morris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 1578 E Cumberland Blvd  
 City State Zip Code  
 Whitefish Bay WI 53211-1141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Epilepsy Care Specialists SC Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**\$100.00**

Date of Receipt  
**09 / 11 / 2014**  
 Amount of Each Receipt this Period  
**\$100.00**  
 Earmarked for Harris for Wisconsin

**B. Doctor Sridhar V. Vasudevan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 5200 Upper Lakeview Ridge Rd  
 City State Zip Code  
 Belgium WI 53004-9001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Froedtert & The Medical College of Wis Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**\$600.00**

Date of Receipt  
**09 / 16 / 2014**  
 Amount of Each Receipt this Period  
**\$200.00**  
 Earmarked for Glenn Grothman for Congress

**C. Dr. Paul A. Wertsch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 4221 Venetian Ln  
 City State Zip Code  
 Madison WI 53718-6655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wildwood Family Clinic SC Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**\$400.00**

Date of Receipt  
**09 / 25 / 2014**  
 Amount of Each Receipt this Period  
**\$100.00**  
 Earmarked for Duffy for Congress

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **\$400.00**  
**TOTAL** This Period (last page this line number only) ..... ▶

FORM 3X-1 (10-11-13)

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)	PAGE 7 OF 7
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Doctor Laurence J. Verlinden</b>		Date of Receipt <b>09 / 25 / 2014</b>
Mailing Address <b>3933 Indian Bluff Dr</b>		Amount of Each Receipt this Period <b>\$200.00</b>
City <b>Manitowoc</b>	State Zip Code <b>WI 54220-3074</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Earmarked for Glenn Grothman for Congress
Name of Employer <b>HFM Internal Medicine</b>	Occupation <b>Physician</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$300.00</b>	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt
Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>\$200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>\$2,150.00</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1 OF 6
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)  
**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Pocan for Congress</b>		Date of Disbursement 07 / 07 / 2014
Mailing Address PO Box 327		Amount of Each Disbursement this Period \$100.00
City Madison	State WI	
Zip Code 53701		Earmarked by Rick Abrams
Purpose of Disbursement Earmarked by Rick Abrams		
Candidate Name Mark Pocan		Category/ Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 02	

Full Name (Last, First, Middle Initial) <b>B. Leibham for Congress</b>		Date of Disbursement 07 / 10 / 2014
Mailing Address P.O. Box 941		Amount of Each Disbursement this Period \$100.00
City Sheboygan	State WI	
Zip Code 53082		Earmarked by Sri Vasudevan
Purpose of Disbursement Earmarked by Sri Vasudevan		
Candidate Name Joseph Leibham		Category/ Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 00	

Full Name (Last, First, Middle Initial) <b>C. Glenn Grothman for Congress</b>		Date of Disbursement 07 / 14 / 2014
Mailing Address P.O. Box 1215		Amount of Each Disbursement this Period \$100.00
City Fond du Lac	State WI	
Zip Code 54936		Earmarked by Michael Reineck
Purpose of Disbursement Earmarked by Michael Reineck		
Candidate Name		Category/ Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 00	

SUBTOTAL of Disbursements This Page (optional) .....	\$300.00
TOTAL This Period (last page this line number only) .....	

13001140114000

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2 OF 6
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)  
**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Leibham for Congress</b>		Date of Disbursement M 07 / D 28 / Y 2014
Mailing Address P.O. Box 941		Amount of Each Disbursement this Period <b>\$100.00</b>
City Sheboygan	State WI	
Zip Code 53082	Purpose of Disbursement Earmarked by Sri Vasudevan	Earmarked by Sri Vasudevan
Candidate Name Joseph Leibham	Category/Type <b>011</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 00	

Full Name (Last, First, Middle Initial) <b>B. Tammy Baldwin for Senate</b>		Date of Disbursement M 08 / D 06 / Y 2014
Mailing Address PO Box 696		Amount of Each Disbursement this Period <b>\$200.00</b>
City Madison	State WI	
Zip Code 53701	Purpose of Disbursement Earmarked by Jay Gold, Sandra Osborn, and Patrick Remington	Earmarked by Jay Gold, Sandra Osborn, and Patrick Remington
Candidate Name Tammy Baldwin	Category/Type <b>011</b>	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District:	

Full Name (Last, First, Middle Initial) <b>C. Harris For Wisconsin</b>		Date of Disbursement M 08 / D 06 / Y 2014
Mailing Address 2425 Sandstone Ct		Amount of Each Disbursement this Period <b>\$200.00</b>
City Oshkosh	State WI	
Zip Code 54904	Purpose of Disbursement Earmarked by Kevin Jessen	Earmarked by Kevin Jessen
Candidate Name Mark Harris	Category/Type <b>011</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 06	

SUBTOTAL of Disbursements This Page (optional).....	<b>\$500.00</b>
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Wisconsin Medical Society Political Action Committee**

**A. Pocan for Congress**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 08 / 20 / 2014

Mailing Address  
PO Box 327

City State Zip Code  
Madison WI 53701

Purpose of Disbursement  
Earmarked by Allan Levin

Candidate Name  
Mark Pocan

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: WI District: 02

Amount of Each Disbursement this Period  
Earmarked by Allan Levin  
\$50.00

Category/Type: 011

**B. Kind for Congress**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 08 / 21 / 2014

Mailing Address  
P.O. Box 184

City State Zip Code  
La Crosse WI 54602-0184

Purpose of Disbursement  
Earmarked by Ken Merkitch

Candidate Name  
Ron Kind

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: WI District: 03

Amount of Each Disbursement this Period  
Earmarked by Ken Merkitch  
\$100.00

Category/Type: 011

**C. Kind for Congress**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 08 / 26 / 2014

Mailing Address  
P.O. Box 184

City State Zip Code  
La Crosse WI 54602-0184

Purpose of Disbursement  
Earmarked by Roger Kwong

Candidate Name  
Ron Kind

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: WI District: 03

Amount of Each Disbursement this Period  
Earmarked by Roger Kwong  
\$50.00

Category/Type: 011

SUBTOTAL of Disbursements This Page (optional) ..... ▶ \$200.00

TOTAL This Period (last page this line number only) ..... ▶

14031-1001-0001

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 4 OF 6
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)  
**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Ribble for Congress</b>		Date of Disbursement 09 / 10 / 2014
Mailing Address PO Box 7200		Amount of Each Disbursement this Period \$200.00
City Appleton	State WI	
Zip Code 54912	Purpose of Disbursement Earmarked by Tim Bartholow	Earmarked by Tim Bartholow
Candidate Name Reid Ribble	Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 08	

Full Name (Last, First, Middle Initial) <b>B. Glenn Grothman for Congress</b>		Date of Disbursement 09 / 10 / 2014
Mailing Address P.O. Box 1215		Amount of Each Disbursement this Period \$50.00
City Fond du Lac	State WI	
Zip Code 54936	Purpose of Disbursement Earmarked by Clarence Chou	Earmarked by Clarence Chou
Candidate Name	Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 00	

Full Name (Last, First, Middle Initial) <b>C. Harris For Wisconsin</b>		Date of Disbursement 09 / 11 / 2014
Mailing Address 2425 Sandstone Ct		Amount of Each Disbursement this Period \$200.00
City Oshkosh	State WI	
Zip Code 54904	Purpose of Disbursement Earmarked by George Morris and Tim Bartholow	Earmarked by George Morris and Tim Bartholow
Candidate Name Mark Harris	Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 06	

SUBTOTAL of Disbursements This Page (optional)	\$450.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page.

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 6

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)

<b>A. Rob Zerban for Congress</b> Mailing Address P.O. Box 2286 City State Zip Code Kenosha WI 53141 Purpose of Disbursement Earmarked by Tim Bartholow Candidate Name Rob Zerban Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 01		Date of Disbursement 09 / 11 / 2014 Amount of Each Disbursement this Period \$200.00 Earmarked by Tim Bartholow
--	--	---

<b>B. Glenn Grothman for Congress</b> Mailing Address P.O. Box 1215 City State Zip Code Fond du Lac WI 54936 Purpose of Disbursement Earmarked by Sri Vasudevan Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 00		Date of Disbursement 09 / 22 / 2014 Amount of Each Disbursement this Period \$200.00 Earmarked by Sri Vasudevan
--	--	---

<b>C. Duffy for Congress</b> Mailing Address P.O. Box 538 City State Zip Code Wausau WI 54402 Purpose of Disbursement Earmarked by Paul Wertsch Candidate Name Sean Duffy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 07		Date of Disbursement 09 / 25 / 2014 Amount of Each Disbursement this Period \$100.00 Earmarked by Paul Wertsch
--	--	--

SUBTOTAL of Disbursements This Page (optional) .....	\$500.00
TOTAL This Period (last page this line number only) .....	\$

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 6			
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Glenn Grothman for Congress</b>		Date of Disbursement: <b>09 / 25 / 2014</b>
Mailing Address <b>P.O. Box 1215</b>		Amount of Each Disbursement this Period <b>\$200.00</b>
City <b>Fond du Lac</b>	State <b>WI</b>	
Zip Code <b>54936</b>	Purpose of Disbursement <b>Earmarked by Laurence Verlinden</b>	Earmarked by Laurence Verlinden
Candidate Name <b>Glenn Grothman</b>	Category/Type <b>011</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 00	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement: [ ] / [ ] / [ ]
Mailing Address		Amount of Each Disbursement this Period [ ]
City	State	
Zip Code	Purpose of Disbursement	Amount of Each Disbursement this Period [ ]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement: [ ] / [ ] / [ ]
Mailing Address		Amount of Each Disbursement this Period [ ]
City	State	
Zip Code	Purpose of Disbursement	Amount of Each Disbursement this Period [ ]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional) .....	<b>\$200.00</b>
TOTAL This Period (last page this line number only) .....	<b>\$2,150.00</b>

For technical support, please contact: ELECTRONIC FILING OFFICE, FEC  
Direct dial: 202-694-1642, Toll free: 1-800-424-9530 x 1642

==== Identification Section =====

Committee ID: C00548438  
Committee Name: Wisconsin Medical Society Political Action Committee  
Filing Type: F3XN  
From/Through: 20140701 - 20140930  
  
Software/Ver#: Vocus PAC Management / Ver# 8.00.5825

==== Results Section =====

>>>----> FEC data file PASSED validation! <----<<<

==== Summary Page Totals Section =====

Cover/Summary Page Totals for Form: F3X

Line No.	Column A	Column B
6A 2014		0.00
6B	0.00	
6C	2,150.00	8,525.00
6D	2,150.00	8,525.00
7	2,150.00	8,525.00
8	0.00	0.00
9	0.00	
10	0.00	
11Ai	2,150.00	8,525.00
11Aii	0.00	0.00
11Aiii	2,150.00	8,525.00
11B	0.00	0.00
11C	0.00	0.00
11D	2,150.00	8,525.00
12	0.00	0.00
13	0.00	0.00
14	0.00	0.00
15	0.00	0.00
16	0.00	0.00
17	0.00	0.00
18A	0.00	0.00
18B	0.00	0.00
18C	0.00	0.00
19	2,150.00	8,525.00
20	2,150.00	8,525.00
21Ai	0.00	0.00
21Aii	0.00	0.00
21B	0.00	0.00
21C	0.00	0.00
22	0.00	0.00
23	2,150.00	8,525.00
24	0.00	0.00
25	0.00	0.00
26	0.00	0.00
27	0.00	0.00
28A	0.00	0.00
28B	0.00	0.00
28C	0.00	0.00
28D	0.00	0.00
29	0.00	0.00
30Ai	0.00	0.00
30Aii	0.00	0.00
30B	0.00	0.00
30C	0.00	0.00
31	2,150.00	8,525.00

32	2,150.00	8,525.00
33	2,150.00	8,525.00
34	0.00	0.00
35	2,150.00	8,525.00
36	0.00	0.00
37	0.00	0.00
38	0.00	0.00

FROM THE STATE

**S MedPAC**  
**S MedDIRECT**

PO Box 2295  
Madison, WI 53701

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OCT 20 AM 10:02  
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WI 535  
14 OCT '14  
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10/13/2014  
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FIRST-CLASS MAIL  
**\$00.69**



ZIP 53715  
041L11246908

20463

*Federal Election Commission  
999 E. Street, NW  
Washington, DC 20463*

42051 4411 5111



Chris Mambu Rasch  
Director, State and Federal Relations

## Wisconsin Medical Society

Your Doctor. Your Health.

330 East Lakeside St. | Madison, WI 53715  
608.442.3791 direct | 866.442.3800 toll free  
608.442.3802 fax | 414.469.5333 mobile  
chris.rasch@wismed.org  
www.wisconsinmedicalsociety.org

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 10/13/14
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>CMB</i> PREPARER	10/20/14 DATE PREPARED

FORM 7000-100-0100